

Exhibit A

WESTCHESTER MEDICAL CARE, P.C.
2932 Wilkinson Avenue
Bronx, N.Y. 10461
Tel. (718) 904-0908

Patient Name:	Mary Tardif
Date of Birth:	12/02/1988
Date of Accident:	03/21/2012
Date of Examination:	07/14/2021

NEUROLOGY CONSULTATION

The patient, Ms. Mary Tardif, was examined by me on July 14, 2021 for a neurology/rehabilitation consultation. The following is a report of my findings and recommendations.

HISTORY:

Ms. Mary Tardif is a 32-year-old right handed female who was involved in a police assault injury on March 21st, 2012. The patient states she was thrown backwards hitting her head. There was a positive loss of consciousness with nausea and vomiting, double vision headaches, there were no lacerations on her scalp. The patient has a past medical history of seizures approximately at the age of 19 years old. The patient states the last episode she had was six months ago.

I evaluated Ms. Mary Tardif and conducted a complete neurological examination on July 14, 2021 without having reviewed any medical records. I customarily do this to avoid any bias towards previous diagnoses made by other clinicians. I interviewed the patient at length and performed a neurological examination. I utilized the results of medically accepted neurological and mental status examination techniques to formulate my clinical assessment. With respect to my overall opinions, I relied on my education, experience and training and generally accepted scientific methodologies.

Today the patient presents to our office with complaints of headaches, dizziness, nausea, decline in cognitive functioning, and depression. The patient states bright lights and loud noises are bothersome. The patient states she feels nauseous many times throughout the day. The patient is currently taking Lamictal 200mg ER BID, Topiramate 75mg BID, Magnesium 400mg QD, Indomethacin 25 mg TID, Amitriptyline 10mg as needed, Baclofen 10mg as needed, Folic Acid 1mg QD and Occipital nerve injections approximately every 3 weeks. The patient states she has also tried Gabapentin 100mg, Metoclopramide 10mg QID, Ondansetron 8mg once every 8 hours and Trimethobenzamide 300mg TID as needed for pain.

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PAST MEDICAL HISTORY:

- The patient has a past medical history of Asthma, gall bladder removal and Appendectomy.

FAMILY HISTORY:

- Non-contributory

ALLERGIES:

- Sulfur Drugs

SOCIAL HISTORY:

- The patient denies any use of illicit drugs, drinking, and smoking. The patient is currently working.

PHYSICAL EXAMINATION:

- Ms. Mary Tardif is a well-developed, well-nourished 32 years old female who is in distress because of the symptoms noted above. She stands at 5'1'' and weighs 191 pounds.

EXTREMITIES:

- All areas of peripheral pulses were palpated and within normal limits.

REVIEW OF MEDICAL RECORDS:

- Saint Francis Hospital and Medical Center MRI of the brain dated 04/23/2009
- Medical records from Dr. Peter Wade, M.D dated 04/20/2009-11/25/2014
- Bellevue Hospital Center dated 2/27/09, 1/20/12, 2/27/12, 3/18/12 and 4/16/12
- Beth Israel Medical Center dated 3/21/12 and 3/24/12
- Mount Sinai Medical Center/ New York, NY MRI of the Brain with and without contrast dated 03/24/2012.
- Mount Sinai Medical Center/ New York, NY Non-Contrast CT of the Head dated 03/21/2012.
- Mt. Sinai Emergency Department (St. Luke's) dated 11/7/13 and 11/15/19
- Mount Sinai Emergency Department records dated 01/12/2012
- Saint Francis Medical Group dated 02/09/2009-04/26/2009
- Complete Neurological Care records dated 2/6/18-4/16/18
- Medical records from Weil Cornell ER dated 10/14/2019 due to skin rash.
- Mount Sinai Hospital RH CT of the head without contrast dated 11/14/2019
- UCLA Medical Center Emergency Department dated 11/22/20

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Mary Tardif

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- UCLA Health Faculty Practice Group dated 11/23/20
- Weil Cornell Neurology records dated 4/16/21 and 8/11/21
- NYU Langone Health System Records dated 12/31/2020-08/17/2021
- NYU Langone Health MRI of the brain dated 01/13/2021.
- Community Healthcare records dated 4/22/12-3/30/15
- Safe Horizons records dated 2/2/12-2/21/13
- Review of the Deposition and Trial testimony of Ms. Tardif.
- Review of radiology report of Gregory Lawler, M.D.

DIAGNOSTIC TESTING:

- MRI BRAIN WITHOUT CONTRAST WITH DTI DATED 07/14/2021 REVEALED:
 - As compared with prior February 9, 2018 MRI brain, chronic right corona radiata T2 white matter hyperintensity with corresponding decreased FA values on DTI maps suggesting this likely represents a focus of axonal injury/axonal loss after trauma.
 - As compared with 4/23/09 MRI Brain St. Francis Hospital, Hartford, CT; 3/22/12 CT Head Beth Israel, Mt. Sinai, NYC, NY; 3/24/12 MR Brain. Beth Israel, Mt. Sinai, NYC, NY; 2/9/18 MR Brain, Lenox Hill Radiology, NYC, NY; 11/14/19 CT Head Beth Israel, Mt. Sinai, NYC, NY; 1/13/21 MR Brain, NYU, NYC, NY, this focus of T2 white matter hyperintensity was not evident 4/23/09 MRI of the brain before head trauma. The focus of T2 hyperintensity is evident on the post traumatic 3/24/12 MRI of the brain. The T2 hyperintensity is chronic and persistent on multiple post traumatic MRI studies of the brain including the current MRI of the brain with DTI. In addition, there is a corresponding focus of decreased FA value on DTI maps indicating this likely represents a focus of traumatic axonal injury / axonal loss.

GENERAL, PHYSICAL, AND NEUROLOGICAL EXAMINATION:

Mental Status:

The patient has difficulty counting in series of 7's. Recall was at 2/5 at five minutes. The patient is unable to concentrate and focus.

Cranial Nerve Examination:

CNII the pupils are equal round, regular, and reactive to light and accommodated directly and consensually. Visual fields are full on direct and double simultaneous stimulation Visual acuity is within normal limits. Extraocular muscles are intact. Orbicularis oculi are normal. CNVII-Muscular expression and movement of the face is within normal limits. Jaw opening is symmetrical. Facial sensation to light touch and pinprick is normal bilaterally at VI (forehead) V2 (Cheek) and V3 (lower lip) Fundi are unremarkable. CNVIII- Hearing is within normal limits. CNIX & X-Ability to swallow and movement of the palate is intact.

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The corneal reflex, gag reflex, and the remainder of the brainstem reflexes are normal and symmetrical bilaterally. Smell and taste were not tested.

Motor System Examination: Normal power bulk and tone in all muscles.

Reflexes:

	RIGHT	LEFT
Biceps (2+)	2+	2+
Triceps (2+)	2+	2+
Brachioradialis (2+)	2+	2+
Knees (2+)	2+	2+
Ankles (2+)	2+	2+

Sensory Examination:

	RIGHT	LEFT	LEVEL
Light touch and pinprick	Normal	Normal	
Vibratory sense	Normal	Normal	
Two point discrimination	Normal	Normal	
Joint position sense	Normal	Normal	

MRI and DTI:

A mind injury is ordered neurotically as one of two kinds - central or diffuse. Central injury infers restricted injury, ordinarily a wound on the outside of the mind, and is more frequently noticeable on ordinary examining, for example, happens with stroke, aneurysm or hard impacts causing discharge. Diffuse injury infers dissipated harm to the mind substance and especially the white matter, which is included axon strands. Diffuse axonal injury results from speed increase or deceleration of the head (skull) which causes disfigurements (stretch and strain) of the cerebrum substance prompting shear injury of the white matter filaments. A non-entering (shut) head injury is the most well-known sort of awful mind injury and incorporates fluctuating measure of both central and diffuse axonal injury.

DIAGNOSIS/ IMPRESSION:

The patient's clinical findings are consistent with traumatic brain injury, as explained in the MRI in which chronic focus of increased T2 signal intensity in the right corona radiate white matter at the gray-white matter junction representing a focus of axonal injury / axonal loss after head trauma. This T2 white matter hyperintensity was not evident on the pre-traumatic 4/23/09 MRI of the brain. The focus of T2 hyperintensity is evident on the post traumatic 3/24/12 MRI of the brain. The patient is currently taking Lamictal 200mg ER BID, Topiramate 75mg BID,

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Magnesium 400mg QD, Indomethacin 25 mg TID, Amitriptyline 10mg as needed, Baclofen 10mg as needed, Folic Acid 1mg QD and Occipital nerve injections approximately every 3 weeks.

RECOMMENDATIONS:

1. The patient should follow-up with a neuro-ophthalmologist regarding visual deficit, approximately once a year through life at \$250 a visit.
2. The patient should receive cognitive therapy as needed at a cost of approximately \$4000 to \$5000 per year once a week for the next 3 to 6 months and re-evaluate the patient for further recommendations.
3. The patient should receive periodic MRI of the brain with DTI once a year through life to assess progressive white matter changes that may constitute neuro-degenerative disease. The cost of this is about \$1000 a year.
4. The patient should continue to follow-up with me for neurological consultation 6 times per through life, totaling approximately \$1500 a year.
5. The patient should continue to follow-up with a psychologist consultation 6 times per year through life, totaling approximately \$1500 a year.
6. The patient should continue to follow-up with a neuro-otologist three times per year through life, totaling approximately \$250 to \$350 per visit.
7. The patient should continue to follow-up with a neurologist specializing in headaches 5 to 6 times per year through life, totaling approximately \$1200 to \$1500.
8. The patient should continue to receive occipital nerve injections once every three weeks per year through life, totaling approximately \$650 per visit.
9. The patient should continue to take medications for her headaches and nausea through life, as needed.

The patient was advised to follow-up at my office once the above therapeutic intervention has been authorized at which time, I can pursue a more accurate treatment plan.

PROGNOSIS:

The prognosis is guarded. The injuries described herein are serious and permanent in nature and resultant in a permanent partial residual disabilities, pain, and limitations with significant restriction of motion. The patient is expected to have permanent intermittent recurring episodes of pain and discomfort in the future that will significantly restrict patient's working and social activities. The patient will require a home health aide in the future.

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CAUSALITY:

Based on the review of available medical records and the history as relayed to me by the patient as being accurate and truthful, the symptoms and injuries sustained by the patient outlined above are in my opinion, causally related to the incident on March 21st, 2012.

DISCLAIMER:

I, Dr. R.C. Krishna, M.D., being a physician duly licensed to practice in the State of New York under penalties of perjury, pursuant to CPLR §2106, affirm that the statements contained herein are true and accurate. All my opinions have been rendered with a reasonable degree of medical certainty and are based solely on the claimant's history and physical examination findings, as well as the medical records that were submitted. Should any of this information prove to be incomplete, inaccurate, or untruthful, and/or if additional information becomes available to me, I reserve the right to amend and/or alter the opinions in this report. No person or entity has caused, directed, or encouraged me to submit a report that differs substantially from my professional opinion. I have also reviewed the diagnostic studies herein, including the MRI studies of the brain, and attest to their accuracy as well.

Thank you very much.



R.C. KRISHNA, M.D.

License # 194198-8B- New York

License # 25MA07585300- New Jersey

Workers Compensation Rating CPN-N

Workers Compensation Authorization # 194-198-8B

Member of American Academy of Neurology

Member of American Association of Electrodiagnostic Medicine

Fellowship in Clinical Neurophysiology

Diplomate American Academy of Pain Management

Diplomate American Board of Independent Medical Examiners 02-07

Diplomate American Board of Psychiatry and Neurology 4/00-12/10

Km/Kk2021

RADIOLOGY REPORT – 9/6/21

EXAM: MRI BRAIN WITH DTI

HISTORY: 32 year old female. Posttraumatic headaches. Trauma 3/21/12.

TECHNIQUE: Multiplanar / Multisequence high field 3T MRI of the MR imaging of the brain was performed including DWI imaging. DTI was performed. Fractional anisotropy (FA) maps and 3-D tractography maps were reformatted from the original data set on an independent 3-D workstation utilizing specialized software.

COMPARISON: 4/23/09 MRI Brain St. Francis Hospital, Hartford, CT; 3/22/12 CT Head Beth Israel, Mt. Sinai, NYC, NY; 3/24/12 MR Brain. Beth Israel, Mt. Sinai, NYC, NY; 2/9/18 MR Brain, Lenox Hill Radiology, NYC, NY; 11/14/19 CT Head Beth Israel, Mt. Sinai, NYC, NY; 1/13/21MR Brain, NYU, NYC, NY.

FINDINGS:

On the current exam, there is a focal T2 white matter hyperintensity in the right corona radiata white matter at the gray-white matter junction.

There is corresponding decreased FA value on DTI maps.

This focus of T2 white matter hyperintensity was not evident 4/23/09 MRI of the brain before head trauma. The focus of T2 hyperintensity is evident on the post traumatic 3/24/12 MRI of the brain. The T2 hyperintensity is chronic and persistent on multiple post traumatic MRI studies of the brain including the current MRI of the brain with DTI. In addition, there is a corresponding focus of decreased FA value on DTI maps indicating this likely represents a focus of traumatic axonal injury / axonal loss.

IMPRESSION:

1. Chronic focus of increased T2 signal intensity in the right corona radiate white matter at the gray-white matter junction, likely representing a focus of axonal injury / axonal loss after head trauma. Of note, this T2 white matter hyperintensity was not evident on the pre-traumatic 4/23/09 MRI of the brain.
2. Abnormal DTI maps

Recommend clinical correlation and correlation with additional testing for TBI.



Gregory J. Lawler, M.D.

Board Certified in Diagnostic Radiology
Board Certified in Neuroradiology



Exam requested by:
RANGA KRISHNA MD
2932 WILKINSON AVE
BRONX NY 10461

SITE PERFORMED: PELHAM BAY
SITE PHONE: (718) 220-2500

Patient: TARDIF, MARY
Date of Birth: 12-02-1988
Phone: (860) 817-5354
MRN: 3282625NYRP **Acc:** 1019446118
Date of Exam: 07-14-2021

EXAM: MRI BRAIN WITHOUT CONTRAST WITH DTI

HISTORY: 32-year-old female. Posttraumatic headaches. Trauma March 21, 2012

TECHNIQUE: Multiplanar multisequence high-field MR imaging of the brain was performed including DWI imaging. Also, diffusion tensor imaging (DTI) was performed. Fractional anisotropy (FA) maps and 3-D tractography maps were reformatted from the original data set on an independent 3-D workstation utilizing specialized software.

COMPARISON: February 9, 2018 MRI brain

FINDINGS:

There is no acute intracranial hemorrhage, hydrocephalus, midline shift, or abnormal extra-axial blood collections. SWI images of the brain demonstrate no foci of blood product deposition within the brain parenchyma.

DWI images the brain demonstrate no evidence for acute or subacute ischemia/infarction. There is no focal restricted diffusion

For the patient's age, there is no evidence for focal or generalized brain atrophy

There is a focal T2 white matter hyperintensity within the right corona radiata best seen on axial FLAIR image #21. On DTI maps, there is corresponding decreased FA value.. This likely represents a focus of axonal injury/axonal loss after trauma. When compared with the prior MRI of the brain February 9, 2018, the right corona radiata T2 white matter hyperintensity was evident and is chronic and stable in appearance.

3-D tractography maps are overall symmetrical in appearance

The craniocervical junction, upper cervical spinal cord, corpus callosum, and pituitary gland are normal in appearance.

Visualized portions of the paranasal sinuses are clear. There are no air-fluid levels. The mastoids are normally aerated. There is no middle ear effusion.

There is normal flow void in the basilar artery. There is normal flow void in the cavernous and supraclinoid segments of the internal carotid arteries bilaterally.

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Patient: TARDIF, MARY
Date of Birth: 12-02-1988

Visualized portions of the orbits are symmetrical. There is no exophthalmos.

IMPRESSION:

1. As compared with prior February 9, 2018 MRI brain, chronic right corona radiata T2 white matter hyperintensity with corresponding decreased FA values on DTI maps suggesting this likely represents a focus of axonal injury/axonal loss after trauma.
2. No acute intracranial abnormality.

Thank you for the opportunity to participate in the care of this patient.

Gregory J Lawler MD - *Electronically Signed: 07-18-2021 9:36 PM*
Physician to Physician Direct Line Is: (347) 578-9781

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September 6, 2021

Mr. Reza Rezvani, Esq.
Faruqi and Faruqi, LLP
685 Third Avenue, 26th Floor
New York, NY 10017

RE: Mary Tardif

Date of Birth: 12/2/1988

Date of Accident: 3/21/2012

Present Age: 32.8

Diagnosis:

- Traumatic Brain injury
- Occipital Neuralgia – right side
- Dizziness

Significant medical history: Epilepsy – last seizure was in April of 2021

Life Care Plan for Mary Tardif

This file was referred for preparation of a life care plan on behalf of Mary Tardif. The purpose of this evaluation is to assess the extent to which she has incurred disabling conditions secondary to the injuries sustained in the event of 3/21/2012.

A Life Care Plan is a detailed report that identifies the needs and services, both medical and non-medical, of an individual who is catastrophically injured, or chronically ill, over their lifetime. As a registered nurse, certified case manager, certified disability management specialist, certified life care planner, and senior disability analyst and fellow, I assess the impact these disabling conditions infringe on an individual's ability to demonstrate independent activities of daily living, and the extent to which they direct the need for medical and rehabilitation intervention. In addition, I offer opinions on the level of assistance, services, aids, and equipment required to facilitate maximum functional independence and quality of life.

The conclusions, medical cost projections, information, and recommendations presented in this Life Care Plan are based upon:

1. A comprehensive review of the available medical records and other pertinent documents.
2. A Zoom intake evaluation on August 19, 2021, with Ms. Tardif. The interview lasted 1.5 hours.
3. Correspondence with Ms. Tardif's treating physicians.

4. Research of clinical practice guidelines of the listed diagnoses for foundation and support of the recommendations.
5. Sound medical, rehabilitation, nursing, case management, and psychological principles for foundation and support of the recommendations
6. Research of providers of durable medical goods/supplies and other products and services.

RECORDS REVIEWED

- Records of Westchester Medical Care, P.C
- Records of NYU Langone Health System
- Records of Ronald Reagan UCLA Medical Center
- Records of Beth Israel Medical Center
- Records of Bellevue Hospital Center
- FDNY Prehospital Care Report
- NYC 911 System Provider-Patient Call Report
- Records of St. Luke's Roosevelt Hospital Center
- Records of Mandell Center for Comprehensive Multiple Sclerosis Care and Neuroscience Research
- Records of St. Francis Medical Group
- Records of Saint Francis Hospital and Medical Center
- Records of Neurology Consultants
- Records of Peter Wade, M.D.
- Records of Complete Neurological Care
- Records of Lenox Hill Radiology
- Records of Greater NY Neurology
- Narrative report from Dr. R.C. Krishna of Westchester Medical Care PC

CURRENT MEDICAL CARE

1. Neuro-Otology

Scott Grossman, M.D.
NYU Langone Health
222 East 41st Street
New York, NY 10017
212-263-7744
Every 3 months

Catherine Cho, M.D.
NYU Langone Health
222 East 41st Street
New York, NY 10017

212-263-7744

Every 3 weeks

2. Neuro-Ophthalmology

Cristiano Rivera, M.D.

Weill Cornell Medicine

Ophthalmology

1305 York Avenue, 11th Floor

New York, NY 10021

646-962-2020

1x annually

3. Neurology

Joseph Doria, M.D.

Weill Cornell Medicine

Epilepsy Center

620 East 70th Street

Starr Pavilion, 607

New York, NY 10021

212-746-5519

Every 3 months for seizure care

4. Neurology - Headache specialist

Valentina Popova, M.D.

NYU Langone Health

222 East 41st Street

New York, NY 10017

212-263-7744

Every 2.5 weeks for occipital nerve blocks

5. Medications

- Lamictal - 250 mg ER - twice a day
- Topiramate - 75mg - twice a day
- Magnesium - 100mg - 1nce daily
- Indomethacin - 25 mg - 3 times a day
- Amitriptyline - 10mg as needed
- Baclofen - 10 mg as needed

6. Equipment and Supplies

- Trained epilepsy response dog
- Heat pad
- Eye ice packs

HISTORY AND BACKGROUND INFORMATION

The history of the medical care provided to Mary Tardif since the events of 3/21/2012 is well documented in the supporting medical records. Since my focus is on function and not etiology, I will only include a brief summary of past events and will defer to the reports in the file for further information.

Mary Tardif, present age 32.8, sustained injuries to her head on 3/21/2012. The file notes positive loss of consciousness with nausea and vomiting. There were no lacerations on her scalp. She was treated with diagnostic studies, vestibular, physical, cognitive, psychological, and injection therapy. She continues to complain of debilitating headaches with dizziness, poor balance, sleepiness, fatigue, depression, anxiety, nausea, and vomiting. She has a trained epilepsy response dog that also helps her with balance since 2016. She reports that her symptoms are exacerbated by loud noises, bright lights, stress, and wet or humid conditions. She reports a decline in cognitive functioning which leaves her frustrated and irritable. She reports having good days and bad days.

Ms. Tardif lives alone in a single-level one-bedroom and one-bathroom apartment located at 67 Macombs Place, 5F, New York, NY 10039. She reports that she will be moving to 206 West 148th Street, 4H, 10039. There is an elevator in her current building, but she reports that it is frequently out of service. The unit is on the 5th floor, and she reports difficulty with stairs. There are three stairs to enter the building. There are no grab bars in the bathroom and shower. She reports that the dog stays with her when she showers and is trained to help in case of an emergency. She reports that the building she plans to move to has a ramp and multiple elevators.

Ms. Tardif reports that she has a group of friends that will help with certain activities or when she experiences an increase in symptoms. Her friend Michael Castinelli is on the local fire department and will assist with walking the dog or grocery shopping. She reported she has a driver's license but does not drive. She relies on public transportation, and reports carrying a bag with her in case she vomits while away from her home. She worked as a sign language interpreter for theater. She reports difficulty signing depending on the speed. Fast and exaggerated arm movements by her or anyone else triggers headaches and dizziness. She reports that she manages her activities of daily living and household chores as best as she can within her limitations.

Prior to the event of 3/21/2012, Ms. Tardif was independent for all activities of daily living. She enjoyed working on an ambulance corps and was involved in theater productions. She now lives a mostly sedentary lifestyle and sleeps for many hours during the day.

CURRENT FUNCTIONAL STATUS (As reported by Ms. Tardif)

1. Ms. Tardif stated her height is 5'2", and her weight to be approximately 180 pounds. She reports that she has lost weight since the 2012 event. She is right-hand dominant.

2. Ms. Tardif reports her primary complaints to include constant headaches, dizziness with nausea, sleepiness, fatigue, depression, anxiety, and flashbacks.
3. She reports poor balance most of the time. Her support dog assists with balance
4. Ms. Tardif's pain and physical limitations were reported as follows:

Headaches:

- a. She reports experiencing frequent headaches which start at the bilateral eye orbits and travel to the temples and vary in intensity.
- b. The constant pain was described as a "low dull" pain.
- c. She will experience bad headaches 1-2 times per week.
- d. She reports that it is difficult to look down. Looking down will cause a bad headache requiring her to lay down.
- e. She reports that the headache pain can range from a 3-9 out of 10, and she will vomit when the pain reaches an 8-9 out of 10.
- f. She uses medication, ice, heat and sleeping in a dark room to manage her symptoms.
- g. She reports the occipital injections help and minimize vomiting
- h. She reports triggers for her headaches to include:
 - Dizziness
 - Loud sounds
 - Low or loud base noise
 - Bright lights.
 - Fast or exaggerated arm movements by her or anyone else will trigger dizziness and headaches.

Dizziness:

- a. She reports fast and exaggerated arm movements by her or anyone else will trigger dizziness.
- b. Traveling at a speed of 40 miles per hour or above will trigger dizziness. She suffers from palinopsia and describes feeling dizzy and seeing things in a "freeze-frame."
- c. Checkered patterns on walls or floors will trigger dizziness.
- d. She is limited to up to 30 minutes in front of a computer screen. She can only watch gentle, calm movies and TV shows.
- e. She is performing the home exercises prescribed by the vestibular therapist.
- f. She reports that playing brain-strengthening games on a computer will make her dizzy.

Cognitive Function

- a. She reports a decline in cognitive functioning.
- b. She reports that her short-term memory is worse than her long-term memory.
- c. She stated she has word retrieval difficulties, and it makes her feel stupid.

- d. She gets frustrated from these issues and becomes irritable, cranky, and angry.
- e. She reports frequently misplacing her phone, keys, and wallet.
- f. She has purchased a tracker for these items.
- g. She notices that she has become more forgetful. She stated she will walk into a room and forget why she was there.
- h. She is able to manage her finances and healthcare appointments and is aware of her limitations. She follows her doctors' orders to the best of her ability.
- i. She reports that low and loud bass noises make her disoriented

Sleep and Fatigue

- a. She reports an increase in sleepiness and fatigue.
- b. She stated she sleeps 8-9 hours a night and will take additional naps during the day. She goes to sleep around 11 pm and wakes up at 8 or 9 am. She will nap at 1 or 2 pm and will sleep for an additional 1-3 hours.
- c. She reports that often she cannot stay awake and will occasionally only wake up to care for the dog.
- d. She reports that wet/humid weather will cause her to feel increasingly sleepy and tired.
- e. She reports that lack of sleep or an increase in stress will trigger seizures.
- f. She reports that her eyes hurt when she becomes stressed. She needs to frequently rest her eyes during the day.

Functionality:

- She reports being able to sit, stand, and walk for an hour comfortably. She has her service dog with her at all times.
- She reports being able to bend/twist at the waist and kneel down. She reports being able to stoop and squat but must rise slowly or she will become lightheaded.
- She reports being able to climb stairs but experiencing difficulty descending stairs. She must move slowly one step at a time, keep her eyes forward, hold onto railings, and use her dog for assistance with balance.
- She reports that her balance is poor most of the time. She relies on her service dog to keep her balanced while she is walking.
- She reports that she is able to do light cleaning of her home but she must spread out the tasks. She can run simple errands if she feels well. Her local pharmacy makes deliveries and she has friends who help her. She can order items online.
- She reports that she is able to cook for herself, manage her hygiene, and dress her upper and lower body without assistance. She reports that she will not shower if she does not feel well.
- She reports that her epilepsy response dog, Daisy, supports her for things she struggles with. The dog will alert her when a seizure is approaching within 10 minutes. The dog will lay with her during the seizure and will try to wake her up. The dog will turn off running water, open and close the refrigerator, pick up dropped items, and will retrieve medication. She is with the dog 24 hours a day except during medical procedures. The dog was obtained through a program that is responsible for registration and certification. The dog must be walked 2-3 times

per day, and she occasionally hires a professional dog walker or relies upon her friends.

- Ms. Tardif relies upon her friends to help her with activities she is unable to perform independently. She reported her friends assist with:
 - Shopping
 - Errands
 - Laundry
 - Dog walking if she is unable
 - Bring her food
 - Heavy lifting and carrying

Life expectancy is based on the New York Pattern Jury Instructions, Vol. 1B, 3rd Edition, 2018; Life table for females: United States, 1997; Present age 32.8: 48.6 additional years to age 81.2.

Costs are based on private pay mid-range pricing quoted by The Physicians Fee Reference 2021 with geographic multiplier 1.330, Fair Health Benchmark Geo Zip 100, Official Disability Guidelines, and internet research per life care planning usual practice.

LIFE CARE PLAN RECOMMENDATIONS

The attached life care plan appendices incorporate the future care recommendations from neurologist, Dr. R.C. Krishna who reviewed her diagnostic tests, medical records and performed an examination in July of 2021. Ms. Tardif's present treating specialists were contacted for their input into the life care plan but have not responded to date. We will reserve the right to amend this report upon receipt of additional information. Ms. Tardif will require ongoing medical care, diagnostic tests, cognitive therapy, psychological counseling, equipment, medication, injections, and assistance with homemaking tasks through life .

The narrative report of Dr. Krishna notes "The prognosis is guarded. The injuries described herein are serious and permanent in nature and resultant in permanent partial residual disabilities, pain, and limitations with significant restriction of motion. There is no evidence of prior similar accidents or injuries. The patient is expected to have permanent intermittent recurring episodes of pain and discomfort in the future that will significantly restrict the patient's working and social activities. The patient will require a home health aide in the future."

Routine Medical Care - Table 1

- Dr. Krishna recommended Ms. Tardif continue to see neurologists, headache specialists, neuro-ophthalmologist, and neuro-otologists through life.
- The costs provided are usual and customary.

Diagnostic Testing – Table 2

- Ms. Tardif will require an MRI of the brain annually through life.
- Dr. Krishna noted the MRI will assess progressive white matter changes that may constitute neuro-degenerative disease.
- The costs provided are usual and customary.

Therapeutic Modalities – Table 3

- Dr. Krishna recommended Ms. Tardif receive cognitive therapy once a week for the next 3-6 months. She will be re-evaluated afterward for further recommendations.
- Additional cognitive therapy or treatment can increase the cost of her care.
- Dr. Krishna recommended Ms. Tardif continue psychological counseling through life.

Equipment and Aids – Table 4

- Ms. Tardif reports dizziness and poor balance. At the time of discharge from vestibular therapy, the records from Nicolina Keneipp, PT noted Ms. Tardif did not meet the goals and was at risk to fall.
- A bathmat, shower seat and wall grab bars are recommended for safety during showers. The bathmat and shower seat are replaced periodically as they are subject to wear and tear. The wall grab bars will be needed in each residence she lives in and can be installed by the building maintenance person.
- Ms. Tardif uses eye ice packs and heat pads to manage her symptoms. These items are also replaced periodically as they are subject to wear and tear.

Pharmacology – Table 5

- Ms. Tardif uses prescription medication and supplements to manage her symptoms. Dr. Krishna recommended these medications be continued through life.
- As needed medications are recommended and used according to symptoms which are subject to change. The average of the as needed medications is used for cost projecting purposes.

Home Care/Home Services – Table 6

- Ms. Tardif can manage her home making tasks as best as possible. She reported she breaks up the chores and does them slowly. She relies upon friends and neighbors to help her when she is unable to manage on her own.
- To replace the services of her friends, a home maker is the correct level of care. Three hours each week to be used as needed is recommended for assistance with heavy household tasks and assistance as needed.

Future Aggressive Care – Table 7

- Ms. Tardif receives occipital nerve block injections every 2.5 to 3 weeks.
- She reports less vomiting with this treatment.
- Dr. Krishna recommended these injections continue through life.
- The costs provided are usual and customary.

SUMMARY AND CONCLUSIONS

Mary Tardif, present age 32.8 sustained a traumatic brain injury. She continues to experience pain and symptoms that impact her functionality. Ms. Tardif will require ongoing care in the form of medical, therapeutic, additional diagnostic testing, interventional pain management, medications, and equipment through life. The attached tables will detail the recommendations and yearly costs associated with caring for Ms. Tardif.

This life care plan does not consider the costs for potential medical complications, as the frequency and severity cannot be predicted. The expenditures noted in this report will be presented in 2021 dollars.

The opinions expressed in this report are to within a reasonable degree of Life Care Planning probability. Should further information become available, I reserve the right to amend the opinions herein. After you have had a chance to review the narrative report and the attached Life Care Plan, please do not hesitate to contact me should you have further questions.

Submitted By:

Handwritten signature of Linda Lajterman in cursive script.

Linda Lajterman, RN, CCM, CDMS, ABDA, CLCP
Senior Disability Analyst
ADM Consulting Group
Attachment: Life Care Plan for Mary Tardif

Total Expenditures For Mary Tardif

Table		
1	Routine Medical Care	\$194,400.00
2	Diagnostic Testing	\$48,600.00
3	Therapeutic Modalities	\$77,100.00
4	Equipment & Aids	\$1,658.00
5	Medication	\$75,963.80
6	Home Care/Home Services	\$196,310.40
7	Future Aggressive care	<u>\$537,030.00</u>
	TOTAL	\$1,131,062.20

Client: Mary Tardif
Date of Birth: December 2, 1988

Routine Medical Evaluations - Table 1

Medical Specialists	Start year	End year	Years	Frequency (per year)	Cost	Annual Cost	Lifetime Total	Comments
Neurology 6 x per year through life	32.8	81.2	48.6	6	\$250.00	\$1,500.00	\$72,900.00	Recommended by Dr. Krishna
Neurologist - Headache specialist 5-6 x per year totalling \$1200 - \$1500 (\$1350.00) through life	32.80	81.20	48.6	5-6		\$1,350.00	\$65,610.00	Recommended by Dr. Krishna
Neuro-ophthalmologist 1 x per year through life	32.80	81.20	48.6	1	\$250.00	\$250.00	\$12,150.00	Recommended by Dr. Krishna
Neuro-otologist 3 x per year (\$250 - \$350 per visit) through life	32.80	81.20	48.6	3	\$300.00	\$900.00	\$43,740.00	Recommended by Dr. Krishna

TOTAL **\$194,400.00**

Sources:

The Physicians Fee Reference 2021
 Geographic Multiplier: 1.330
 Narrative report of Dr. Krishna

Client: Mary Tardif
Date of Birth: December 2, 1988

Diagnostic Testing - Table 2

Diagnostic Testing	Start year	End year	Years	Frequency	Cost	Annual Cost	Lifetime Total	Comments
MRI of the brain 1 x per year	32.8	81.2	48.6	1	\$1,000.00	\$1,000.00	\$48,600.00	Recommended by Dr. Krishna
TOTAL							\$48,600.00	

Sources;
Narrative report of Dr. Krishna

Client: Mary Tardif
Date of Birth: December 2, 1988

Therapeutic Modalities - Table 3

Therapeutic Modalities	Start year	End year	Years	Frequency (per year)	Cost Per Visit	Annual Cost	Lifetime Total	Comments
Cognitive therapy - 1 x per week for 3-6 months (\$4000 - \$5000 per year)	32.80	81.20	1			\$4,500.00	\$4,500.00	Recommended by Dr. Krishna - will need to reevaluate at the end of treatment for further recommendations
Psychologist 6 x per year at a cost of \$1500 per year through life	32.80	81.20	48.40	6	\$250.00	\$1,500.00	\$72,600.00	Recommended by Dr. Krishna
Home vestibular exercises	32.80	81.20	48.40	As directed	\$0.00		\$0.00	Noted in the records of N. Keneipp PT at time of discharge
TOTAL							\$77,100.00	

Sources:

The Physicians Fee Reference 2021
 Geographic Multiplier: 1.330
 Narrative report of Dr. Krishna

Client: Mary Tardif
Date of Birth: December 2, 1988

Equipment and Aids - Table 4

Equipment & Aids	Start year	End year	Years	Frequency	Cost	Annual Cost	Lifetime Total	Comments
Tub mat - annual replacement	32.80	81.20	48.6	1	\$16.00	\$16.00	\$777.60	Vestibular therapy discharge record of 8/17/2021 notes Ms. Tardif is at risk for falling. Recommended for safety during showers
Shower seat 1 x per 4-5 years	32.80	81.20	12	1	\$34.00		\$408.00	Vestibular therapy discharge record of 8/17/2021 notes Ms. Tardif is at risk for falling. Recommended for safety during showers
Wall grab bars	32.80	81.20	1	1	\$35.00		\$35.00	Vestibular therapy discharge record of 8/17/2021 notes Ms. Tardif is at risk for falling. Recommended for safety during showers
Eye ice packs	32.80	81.20	48.6	1	\$9.00	\$9.00	\$437.40	Used for headache symptom management
Heat pads - 1 x per 5-7 years	32.80	81.20	8	1	\$20.00		\$160.00	Used for headache symptom management

TOTAL **\$1,658.00**

Equipment Sources:

Sources:

<https://www.amazon.com/s?k=tub+mat&gclid=Cj0K>

\$10.00 - \$22.00

<https://www.amazon.com/Drive-Medical-Bathroom-Safety-Shower>

<https://www.homedepot.com/b/Bath-Bathroom-Safety-Grab-Bars/N-5yclvZcfvb>

<https://www.amazon.com/Mask-Reusable-Sleeping-Headache-Puffiness-Allergies>

<https://www.amazon.com/s?k=heating+pad>

Client: Mary Tardif
Date of Birth: December 2, 1988

Pharmacology - Table 5

Medication	Start year	End year	Years	Frequency (per year)	Cost	Annual Cost	Lifetime Total	Comments
Indomethacin 25 mg 3 x per day	32.80	81.20	48.40	1095	\$0.52	\$569.40	\$27,558.96	Present dose - recommended to continue by Dr. Krishna
Magnesium 400 mg daily	32.80	81.20	48.40	365	\$0.14	\$51.10	\$2,473.24	Present dose - recommended to continue by Dr. Krishna
Folic acid 1 mg daily	32.80	81.20	48.4	365	\$0.40	\$146.00	\$7,066.40	Present dose - recommended to continue by Dr. Krishna
As needed medications	32.80	81.20	48.4	365	\$2.20	\$803.00	\$38,865.20	As needed medication is recommended and used according to symptoms which are subject to change.
TOTAL							\$75,963.80	

Sources:

Narrative report of Dr. Krishna

<https://www.goodrx.com/indomethacin>

<https://www.goodrx.com/folic-acid>

<https://www.goodrx.com/magnesium>

\$0.52 per tab
 \$0.40 per tab
 \$0.14 per tab

<https://www.goodrx.com/ondansetron>

<https://www.goodrx.com/amitriptyline>

<https://www.goodrx.com/baclofen>

\$5.43 per tab
 \$0.50 per tab
 \$0.66 per tab
\$6.59 Average \$2.20

Client: Mary Tardif

Date of Birth: December 2, 1988

Home Care/Home Services - Table 6

Service	Start year	End year	Years	Hours (per year)	Cost	Annual Cost	Lifetime Total	Comments
*Homemaker assistance 2-4 hours per week (3)	32.80	81.20	48.40	156	\$26.00	\$4,056.00	\$196,310.40	Assistance with heavy household tasks - replace the services of her friends and neighbors

TOTAL

\$196,310.40

**Can include heavy cleaning, shopping, errands, laundry, dog walking

Sources:

<https://www.genworth.com/aging-and-you/finances/cost-of-care.html>

\$26.00

Client: Mary Tardif
Date of Birth: December 2, 1988

Future Surgical Intervention/Aggressive Care - Table 7

Procedure	Start year	End year	Years	Frequency (per year)	Cost	Annual Cost	Lifetime Total	Comments
Occipital nerve block 1 x per 3 weeks (17 x per year) through life	32.80	81.20	48.6	17	\$650.00	\$11,050.00	\$537,030.00	Present schedule - Recommended to continue by Dr. Krishna

TOTAL **\$537,030.00**

Narrative report of Dr. Krishna

FUTURE LIFE CARE EXPENSES FOR MARY TARDIF

Statement of Disinterest

1. To my knowledge, I have had no association or contact with either the plaintiff or defendant prior to developing the estimates in this report.
2. The estimates contained herein are based on techniques generally accepted by the economics profession for the valuation of economic loss.
3. The fees charged for my services are not contingent upon the final award or outcome of this case.



Mark P. Zaporowski, Ph.D.
Professor of
Economics & Finance

September 7, 2021

INTRODUCTION

This report projects future life care expenses for Mary Tardif based on the September 6, 2021 report by Linda Lajterman, RN, CCM, CDMS, ABDA, CLCP.

ASSUMPTIONS

1. Ms. Tardif was born December 2, 1988. Her statistical life expectancy was 49.45 years on September 1, 2021 [*United States Life Tables, 2017*, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention]. She lives through the year 2070.
2. Ms. Tardif incurs the future life care expenses listed in the September 6, 2021 report by Linda Lajterman, RN, CCM, CDMS, ABDA, CLCP.
3. Projected future inflation is based on an analysis of past Consumer Price Index inflation data [U.S. Department of Labor, Bureau of Labor Statistics website, www.bls.gov]. The cost of medical services grows by 3.8 percent per year subsequent to 2022. The cost of physician's services grows by 2.4 percent per year subsequent to 2022. The cost of services by other medical professionals grows by 2.0 percent per year subsequent to 2022. The cost of prescription medication grows by 3.2 percent per year subsequent to 2022. Economy-wide inflation is 2.1 per year in the future.

CONCLUSIONS

Future life care expenses amount to \$2,651,209.

TABLE A

LIFE CARE EXPENSES FOR MARY TARDIF: MEDICAL EVALUATIONS & DIAGNOSTIC TESTING

YEAR	AGE	NEUROLOGY	HEADACHE SPECIALIST	NEURO- OPHTHAMOLOGIST	NEURO- OTOLOGIST	BRAIN MRI	TOTAL
2021	33	\$500	\$491	\$250	\$300	\$1,000	\$2,541
2022	34	\$1,500	\$1,350	\$250	\$900	\$1,000	\$5,000
2023	35	\$1,536	\$1,382	\$256	\$922	\$1,038	\$5,134
2024	36	\$1,573	\$1,416	\$262	\$944	\$1,077	\$5,272
2025	37	\$1,611	\$1,450	\$268	\$966	\$1,118	\$5,413
2026	38	\$1,649	\$1,484	\$275	\$990	\$1,161	\$5,559
2027	39	\$1,689	\$1,520	\$281	\$1,013	\$1,205	\$5,709
2028	40	\$1,729	\$1,556	\$288	\$1,038	\$1,251	\$5,862
2029	41	\$1,771	\$1,594	\$295	\$1,063	\$1,298	\$6,021
2030	42	\$1,813	\$1,632	\$302	\$1,088	\$1,348	\$6,183
2031	43	\$1,857	\$1,671	\$309	\$1,114	\$1,399	\$6,351
2032	44	\$1,901	\$1,711	\$317	\$1,141	\$1,452	\$6,523
2033	45	\$1,947	\$1,752	\$325	\$1,168	\$1,507	\$6,699
2034	46	\$1,994	\$1,794	\$332	\$1,196	\$1,564	\$6,881
2035	47	\$2,042	\$1,838	\$340	\$1,225	\$1,624	\$7,068
2036	48	\$2,091	\$1,882	\$348	\$1,254	\$1,686	\$7,261
2037	49	\$2,141	\$1,927	\$357	\$1,285	\$1,750	\$7,459
2038	50	\$2,192	\$1,973	\$365	\$1,315	\$1,816	\$7,662
2039	51	\$2,245	\$2,020	\$374	\$1,347	\$1,885	\$7,872
2040	52	\$2,299	\$2,069	\$383	\$1,379	\$1,957	\$8,087
2041	53	\$2,354	\$2,119	\$392	\$1,412	\$2,031	\$8,308
2042	54	\$2,410	\$2,169	\$402	\$1,446	\$2,108	\$8,536
2043	55	\$2,468	\$2,221	\$411	\$1,481	\$2,188	\$8,771
2044	56	\$2,527	\$2,275	\$421	\$1,516	\$2,272	\$9,012
2045	57	\$2,588	\$2,329	\$431	\$1,553	\$2,358	\$9,260
2046	58	\$2,650	\$2,385	\$442	\$1,590	\$2,448	\$9,515
2047	59	\$2,714	\$2,442	\$452	\$1,628	\$2,541	\$9,778
2048	60	\$2,779	\$2,501	\$463	\$1,667	\$2,637	\$10,048
2049	61	\$2,846	\$2,561	\$474	\$1,707	\$2,737	\$10,326
2050	62	\$2,914	\$2,623	\$486	\$1,748	\$2,841	\$10,612
2051	63	\$2,984	\$2,686	\$497	\$1,790	\$2,949	\$10,907
2052	64	\$3,056	\$2,750	\$509	\$1,833	\$3,061	\$11,210
2053	65	\$3,129	\$2,816	\$521	\$1,877	\$3,178	\$11,521
2054	66	\$3,204	\$2,884	\$534	\$1,922	\$3,298	\$11,842
2055	67	\$3,281	\$2,953	\$547	\$1,969	\$3,424	\$12,173
2056	68	\$3,360	\$3,024	\$560	\$2,016	\$3,554	\$12,513
2057	69	\$3,440	\$3,096	\$573	\$2,064	\$3,689	\$12,863
2058	70	\$3,523	\$3,171	\$587	\$2,114	\$3,829	\$13,223
2059	71	\$3,607	\$3,247	\$601	\$2,164	\$3,975	\$13,594
2060	72	\$3,694	\$3,325	\$616	\$2,216	\$4,126	\$13,976
2061	73	\$3,783	\$3,404	\$630	\$2,270	\$4,282	\$14,369
2062	74	\$3,873	\$3,486	\$646	\$2,324	\$4,445	\$14,774
2063	75	\$3,966	\$3,570	\$661	\$2,380	\$4,614	\$15,191
2064	76	\$4,062	\$3,655	\$677	\$2,437	\$4,789	\$15,620
2065	77	\$4,159	\$3,743	\$693	\$2,495	\$4,971	\$16,062
2066	78	\$4,259	\$3,833	\$710	\$2,555	\$5,160	\$16,517
2067	79	\$4,361	\$3,925	\$727	\$2,617	\$5,356	\$16,986
2068	80	\$4,466	\$4,019	\$744	\$2,679	\$5,560	\$17,469
2069	81	\$4,573	\$4,116	\$762	\$2,744	\$5,771	\$17,966
2070	82	\$4,683	\$4,214	\$780	\$2,810	\$5,991	\$18,478
TOTAL FUTURE		\$137,792	\$124,054	\$23,132	\$82,675	\$138,323	\$505,976

TABLE B

LIFE CARE EXPENSES FOR MARY TARDIF: THERAPEUTIC MODALITIES & EQUIPMENT

YEAR	AGE	COGNITIVE THERAPY	PSYCHOLOGIST	TUB MAT	SHOWER SEAT	GRAB BARS	ICE PACKS	HEAT PADS	TOTAL
2021	33	\$4,500	\$500	\$16	\$34	\$35	\$9	\$20	\$5,114
2022	34		\$1,500	\$16			\$9		\$1,525
2023	35		\$1,530	\$16			\$9		\$1,556
2024	36		\$1,561	\$17			\$9		\$1,587
2025	37		\$1,592	\$17			\$10		\$1,618
2026	38		\$1,624	\$17	\$37		\$10		\$1,688
2027	39		\$1,656	\$18			\$10	\$22	\$1,706
2028	40		\$1,689	\$18			\$10		\$1,718
2029	41		\$1,723	\$19			\$10		\$1,752
2030	42		\$1,757	\$19			\$11		\$1,787
2031	43		\$1,793	\$19	\$41		\$11		\$1,864
2032	44		\$1,828	\$20			\$11		\$1,859
2033	45		\$1,865	\$20			\$11	\$25	\$1,922
2034	46		\$1,902	\$21			\$12		\$1,934
2035	47		\$1,940	\$21			\$12		\$1,973
2036	48		\$1,979	\$21	\$45		\$12		\$2,058
2037	49		\$2,019	\$22			\$12		\$2,053
2038	50		\$2,059	\$22			\$13		\$2,094
2039	51		\$2,100	\$23			\$13	\$28	\$2,164
2040	52		\$2,142	\$23			\$13		\$2,179
2041	53		\$2,185	\$24	\$50		\$13		\$2,273
2042	54		\$2,229	\$24			\$14		\$2,267
2043	55		\$2,273	\$25			\$14		\$2,312
2044	56		\$2,319	\$25			\$14		\$2,358
2045	57		\$2,365	\$26			\$15	\$32	\$2,438
2046	58		\$2,413	\$26	\$56		\$15		\$2,510
2047	59		\$2,461	\$27			\$15		\$2,503
2048	60		\$2,510	\$27			\$15		\$2,553
2049	61		\$2,560	\$28			\$16		\$2,604
2050	62		\$2,612	\$29			\$16		\$2,656
2051	63		\$2,664	\$29	\$62		\$16	\$37	\$2,808
2052	64		\$2,717	\$30			\$17		\$2,764
2053	65		\$2,771	\$30			\$17		\$2,819
2054	66		\$2,827	\$31			\$18		\$2,875
2055	67		\$2,883	\$32			\$18		\$2,933
2056	68		\$2,941	\$32	\$69		\$18		\$3,061
2057	69		\$3,000	\$33			\$19	\$41	\$3,093
2058	70		\$3,060	\$34			\$19		\$3,113
2059	71		\$3,121	\$35			\$19		\$3,175
2060	72		\$3,183	\$35			\$20		\$3,239
2061	73		\$3,247	\$36	\$76		\$20		\$3,380
2062	74		\$3,312	\$37			\$21		\$3,369
2063	75		\$3,378	\$38			\$21	\$47	\$3,484
2064	76		\$3,446	\$38			\$22		\$3,506
2065	77		\$3,515	\$39			\$22		\$3,576
2066	78		\$3,585	\$40	\$85		\$22		\$3,732
2067	79		\$3,657	\$41			\$23		\$3,720
2068	80		\$3,730	\$42			\$23		\$3,795
2069	81		\$3,805	\$42			\$24	\$53	\$3,924
2070	82		\$3,881	\$43			\$24		\$3,948
TOTAL FUTURE		\$4,500	\$123,411	\$1,364	\$556	\$35	\$767	\$306	\$130,939

TABLE C

LIFE CARE EXPENSES FOR MARY TARDIF: MEDICATION, HOME CARE & SURGERY

YEAR	AGE	INDOMETHACIN	MAGNESIUM	FOLIC ACID	AS NEEDED MEDICATION	HOME ASSISTANT	NERVE BLOCK	TOTAL
2021	33	\$190	\$17	\$49	\$268	\$1,352	\$3,683	\$5,559
2022	34	\$569	\$51	\$146	\$803	\$4,056	\$11,050	\$16,676
2023	35	\$588	\$52	\$149	\$820	\$4,141	\$11,470	\$17,220
2024	36	\$606	\$53	\$152	\$837	\$4,228	\$11,906	\$17,783
2025	37	\$626	\$54	\$155	\$855	\$4,317	\$12,358	\$18,365
2026	38	\$646	\$56	\$159	\$873	\$4,408	\$12,828	\$18,968
2027	39	\$667	\$57	\$162	\$891	\$4,500	\$13,315	\$19,592
2028	40	\$688	\$58	\$165	\$910	\$4,595	\$13,821	\$20,237
2029	41	\$710	\$59	\$169	\$929	\$4,691	\$14,346	\$20,904
2030	42	\$733	\$60	\$172	\$948	\$4,790	\$14,892	\$21,595
2031	43	\$756	\$62	\$176	\$968	\$4,890	\$15,457	\$22,310
2032	44	\$780	\$63	\$180	\$988	\$4,993	\$16,045	\$23,049
2033	45	\$805	\$64	\$183	\$1,009	\$5,098	\$16,655	\$23,814
2034	46	\$831	\$66	\$187	\$1,030	\$5,205	\$17,287	\$24,607
2035	47	\$858	\$67	\$191	\$1,052	\$5,314	\$17,944	\$25,426
2036	48	\$885	\$68	\$195	\$1,074	\$5,426	\$18,626	\$26,275
2037	49	\$913	\$70	\$199	\$1,097	\$5,540	\$19,334	\$27,153
2038	50	\$943	\$71	\$204	\$1,120	\$5,656	\$20,069	\$28,062
2039	51	\$973	\$73	\$208	\$1,143	\$5,775	\$20,831	\$29,003
2040	52	\$1,004	\$74	\$212	\$1,167	\$5,896	\$21,623	\$29,977
2041	53	\$1,036	\$76	\$217	\$1,192	\$6,020	\$22,445	\$30,985
2042	54	\$1,069	\$77	\$221	\$1,217	\$6,146	\$23,298	\$32,028
2043	55	\$1,103	\$79	\$226	\$1,242	\$6,275	\$24,183	\$33,109
2044	56	\$1,139	\$81	\$231	\$1,268	\$6,407	\$25,102	\$34,227
2045	57	\$1,175	\$82	\$235	\$1,295	\$6,542	\$26,056	\$35,385
2046	58	\$1,213	\$84	\$240	\$1,322	\$6,679	\$27,046	\$36,584
2047	59	\$1,251	\$86	\$245	\$1,350	\$6,819	\$28,073	\$37,826
2048	60	\$1,291	\$88	\$251	\$1,378	\$6,963	\$29,140	\$39,111
2049	61	\$1,333	\$90	\$256	\$1,407	\$7,109	\$30,248	\$40,442
2050	62	\$1,375	\$91	\$261	\$1,437	\$7,258	\$31,397	\$41,820
2051	63	\$1,419	\$93	\$267	\$1,467	\$7,410	\$32,590	\$43,247
2052	64	\$1,465	\$95	\$272	\$1,498	\$7,566	\$33,829	\$44,725
2053	65	\$1,512	\$97	\$278	\$1,529	\$7,725	\$35,114	\$46,255
2054	66	\$1,560	\$99	\$284	\$1,561	\$7,887	\$36,448	\$47,840
2055	67	\$1,610	\$101	\$290	\$1,594	\$8,053	\$37,833	\$49,482
2056	68	\$1,662	\$104	\$296	\$1,628	\$8,222	\$39,271	\$51,182
2057	69	\$1,715	\$106	\$302	\$1,662	\$8,395	\$40,763	\$52,943
2058	70	\$1,770	\$108	\$309	\$1,697	\$8,571	\$42,312	\$54,766
2059	71	\$1,826	\$110	\$315	\$1,732	\$8,751	\$43,920	\$56,655
2060	72	\$1,885	\$113	\$322	\$1,769	\$8,935	\$45,589	\$58,612
2061	73	\$1,945	\$115	\$328	\$1,806	\$9,122	\$47,322	\$60,638
2062	74	\$2,007	\$117	\$335	\$1,844	\$9,314	\$49,120	\$62,737
2063	75	\$2,072	\$120	\$342	\$1,883	\$9,509	\$50,986	\$64,912
2064	76	\$2,138	\$122	\$349	\$1,922	\$9,709	\$52,924	\$67,165
2065	77	\$2,206	\$125	\$357	\$1,963	\$9,913	\$54,935	\$69,498
2066	78	\$2,277	\$128	\$364	\$2,004	\$10,121	\$57,022	\$71,916
2067	79	\$2,350	\$130	\$372	\$2,046	\$10,334	\$59,189	\$74,421
2068	80	\$2,425	\$133	\$380	\$2,089	\$10,551	\$61,438	\$77,016
2069	81	\$2,502	\$136	\$388	\$2,133	\$10,772	\$63,773	\$79,704
2070	82	\$2,583	\$139	\$396	\$2,177	\$10,999	\$66,197	\$82,489
TOTAL FUTURE		\$65,682	\$4,321	\$12,345	\$67,896	\$342,946	\$1,521,104	\$2,014,294